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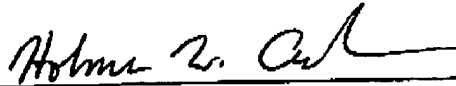
FEB 01 2006

Serial No.: 10/780841  
Attorney Docket No: 160-015

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Holmes W. Anderson  
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Transmittal x 2	2 pages
Amendment	7 pages
Terminal Disclaimer	1 page
Fee Sheet x 2	2 pages
Total including this sheet	13 <u>pages</u>

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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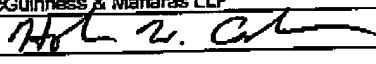
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/780841
	Filing Date	Feb 18, 2004
	First Named Inventor	Backes, Floyd
	Art Unit	2686
	Examiner Name	Holliday
Total Number of Pages In This Submission	Attorney Docket Number	160-015

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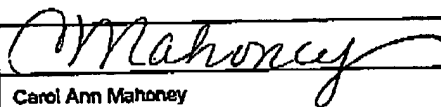
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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<b>Remarks</b> <b>PLEASE CHARGE ANY FEE DEFICIENCY OR CREDIT ANY OVERPAYMENT TO DEPOSIT ACCOUNT 502569</b>	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	McGuinness & Manaras LLP		
Signature			
Printed name	Holmes W. Anderson		
Date	2-1-06	Reg. No.	37272

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Typed or printed name	Carol Ann Mahoney	Date	2-1-06

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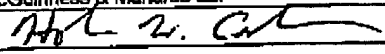
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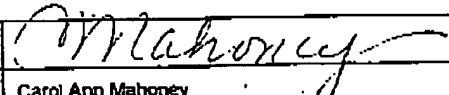
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/780841
	Filing Date	Feb 18, 2004
	First Named Inventor	Backes, Floyd
	Art Unit	2686
	Examiner Name	Holliday
Total Number of Pages in This Submission	Attorney Docket Number	160-015

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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<b>PLEASE CHARGE ANY FEE DEFICIENCY OR CREDIT ANY OVERPAYMENT TO DEPOSIT ACCOUNT 502569</b>	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Name	McGuinness & Manaras LLP
Signature	
Printed name	Holmes W. Anderson
Date	2-1-06
Reg. No.	37272

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Typed or printed name	Carol Ann Mahoney
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PTO/SB/17 (12-04)

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Effective on 12/8/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2005**☒ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$130.00)

**Complete if Known**

Application Number	10/780841
Filing Date	2/18/2004
First Named Inventor	Backes, et al.
Examiner Name	Holiday
Art Unit	2686
Attorney Docket No.	160-015

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 502569 Deposit Account Name: McGuinness & Manaras LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charges fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

**Multiple dependent claims**

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
0	- 20 or HP = 0	x \$25.00	= \$ 0.00

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
0	- 3 or HP = 0	x \$100.00	= \$ 0.00

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 = 0	/ 50 = 0 (round up to a whole number)	x \$125.00 =	\$ 0.00

**4. OTHER FEE(S)**

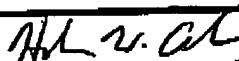
Non-English Specification, \$130 fee (no small entity discount)

Other: Terminal Disclaimer Fee

130.00

**SUBMITTED BY**

Signature

Registration No. 37272  
(Attorney/Agent)

Telephone 978-264-6664

Name (Print/Type)

Holmes W. Anderson

Date 2-1-06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

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Effective on 12/8/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2005****Complete if Known**

<input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27	Application Number	10/780841
TOTAL AMOUNT OF PAYMENT	Filing Date	2/18/2004
	First Named Inventor	Backes, et al.
	Examiner Name	Holliday
	Art Unit	2686
	Attorney Docket No.	160-015

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☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 502569 Deposit Account Name: McGuinness & Manaras LLP

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under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
0	- 20 or HP = 0	x \$25.00	= \$ 0.00			
HP = highest number of total claims paid for, if greater than 20					\$180.00	

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
0	- 3 or HP = 0	x \$100.00	= \$ 0.00
HP = highest number of independent claims paid for, if greater than 3			

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 = 0	150 = 0 (round up to a whole number)	x \$125.00	= \$ 0.00
				Fees Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification,	\$130 fee (no small entity discount)	
Other: Terminal Disclaimer Fee		130.00

<b>SUBMITTED BY</b>		
Signature	Registration No. 37272 (Attorney/Agent)	Telephone 978-264-6664
Name (Print/Type)	Holmes W. Anderson	Date 2-1-06

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